

**ARMSTRONG TEASDALE LLP**

One Metropolitan Square, Suite 2600  
St. Louis, Missouri 63102-2740  
Phone: (314) 621-5070  
Fax: (314) 621-5065  
www.armstrongteasdale.com

**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE  
UNITED STATES PATENT AND TRADEMARK OFFICE**

**RECEIVED  
CENTRAL FAX CENTER**

**AUG 25 2004**

**DATE: August 25, 2004**

**TO: Examiner: David Bruce** : **RE: U.S. Patent Application**  
**Art Unit: 2882** : **Serial No.: 10/602,806**  
**Fax: (703) 872-9306** : **Applicant: Shankara B. Reddy**  
**From: Thomas M. Fisher** : **Atty. Dkt. No.: 127003**

**DOCUMENTS SUBMITTED WITH TRANSMISSION:**

- *Amendment After Allowance and Withdrawal of 37 CFR 1.97(e) Certification (7 pgs.)*
- *Amendment Transmittal (3 pgs.)*
- *Certificate of Facsimile Transmission (1 pg.)*

**Total pages including cover page: 11**

**If all pages are not received, please contact: Laura Davis at Ext. 7923**

**RE: The above referenced U.S. Patent Application**  
**Title: Methods and Apparatus for Detecting Structural, Perfusion, and Functional Abnormalities**  
**Filed: June 24, 2003**  
**AT File No. 12553-319**

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number (703) 872-9306 on the date shown above.



Thomas M. Fisher, Reg. No.: 47,564

*The information contained in this facsimile message is information protected by attorney-client and/or the attorney/work product privilege. It is intended only for the use of the individual named above and the privileges are not waived by virtue of this having been sent by facsimile. If the person actually receiving this facsimile or any other reader of the facsimile is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via U.S. Postal Service.*

**\*IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CONTACT US IMMEDIATELY AT (314) 621-5070.**

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ First month	\$ 110.00	\$ 55.00
_____ Second month	\$ 400.00	\$ 200.00
_____ Third month	\$ 920.00	\$ 460.00
_____ Fourth month	\$1,440.00	\$ 720.00
_____ Fifth month	\$1,960.00	\$ 980.00

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	ADDITIONAL RATE FEE
TOTAL	MINUS	=		x \$9 = \$	x \$18 = \$
INDEP.	MINUS	=		x \$42 = \$	x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$130 = \$	+ \$280 = \$
				TOTAL ADDITIONAL FEE \$	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

**FEE PAYMENT**

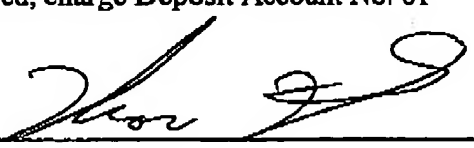
5. ☐ Attached is a check in the sum of \$  
☐ Charge Deposit Account No. 01-2384 the sum of \$  
☐ A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:

  
 Thomas M. Fisher  
 Reg. No. 47,564  
 ARMSTRONG TEASDALE LLP  
 One Metropolitan Square, Suite 2600  
 St. Louis, MO 63102  
 314/621-5070